

Marshall Child Development Center
AUTHORIZATION
FOR
ADMINISTERING MEDICINE



Dear Parent/Guardian,

Your written permission is required to administer medication or medical procedures to your child. Any prescription drug sent to the center must be in its original container and must be clearly labeled with your child's name, the name of the drug, and directions for administering the drug. A new authorization form is needed each week. If it is absolutely necessary for your child to be given medication while at the center, please complete the following information.

Child's Name: _____

Medication or Prescription Number: _____

Name of Medication: _____

Doctor's Name: _____

Time of Last Dosage at Home: _____

Instructions (how to give or apply, such as give by mouth, apply to skin, inhale, drops in eyes, etc.): _____

Time of Dosage to be Given: _____

Amount of Dosage: _____

Please give my child the above-named medication at the time(s) and in the amount(s) indicated.

Signature of Parent or Guardian **Date:**

Staff: Indicate date, time and amount given with your signature below.			
Date	Time	Amount	Signature

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